



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$399792094
Outpatient Patient Service Revenue	\$399360408
Total Gross Patient Service Revenue	\$799152502

2. Deductions From Revenue

Contractual Allowance	\$544915147
Other Deductions	\$687488
Total Deductions	\$545602635

3. Total Operating Revenue

Net Patient Service Revenue	\$253549867
Other Operating Revenue	\$1992112
Total Operating Revenue	\$255541979

4. Operating Expenses

Salaries and Wages	\$56170496	Employee Benefits	\$30716604
Depreciation and Amortization	\$9967820	Interest Expense	\$4414343
Bad Debt	\$15688498	Other Expenses	\$106283444
Total Operating Expenses	\$223241205		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$32300774	Total Assets	\$412728972
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1605949

Total Net Gains	\$32300774
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$349682084	\$284266218	\$65415866
Medicaid	\$133489238	\$108337091	\$25152147
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$315981180	\$152999326	\$162981854
Total	\$799152502	\$545602635	\$253549867

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$154322	\$995742	\$-841420
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$687488
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$166254	
HCI Payments	\$0		
Subtotal	\$0	\$166254	\$-166254
Medicaid Shortfalls	\$24036329	\$40223396	
Subtotal	\$24036329	\$40389650	\$-16353321
DSH Payments	\$0		
Subtotal	\$24036329	\$40389650	\$-16353321
Medicare Shortfalls	\$62498314	\$84623064	
Other Government Programs	\$0	\$0	
Total	\$86534643	\$125012714	\$-38478071

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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